Behavioral Health Integration – Starting the Conversation

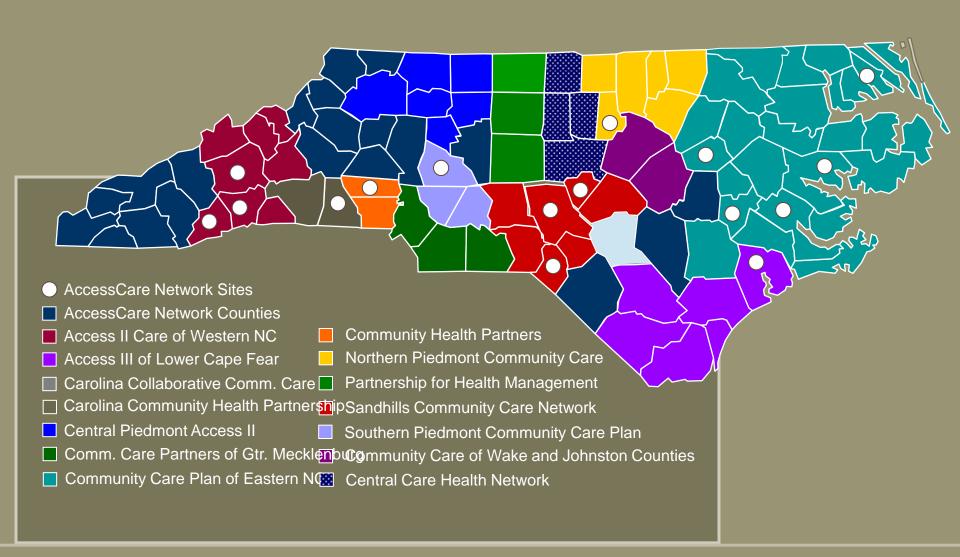
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Community Care of North Carolina, Raleigh, NC



Community Care of North Carolina





Why do Integrated Care ?

What are the resources currently available?

What is the focus of Integrated Care ?

How do you measure the success ?



- Surgeon General Report says that 20% of the population has a mental health diagnosis
- Nearly 70% of all health care visits have a psychosocial component (Fries, et. Al 1993, Shapiro et al., 1985)
- 67% of all psychopharmacological drugs are prescribed by primary care physicians
- Simon report (1992) suggests that on average, primary care patients with even mild levels of depression use two times more health care services annually than their non-depressed counterparts

Workforce



- Primary Care and Psychiatry inadequate resources and poorly distributed
- Increase in Medicaid covered population estimated 400,000-600,000 in NC in 2014
- Over-representation of 21-64 year olds in new
 Medicaid = Subtsance Abuse (SA) issues
- Current delivery model of care overwhelmed mid-level, telemedicine, triage

Models of Care



Based on Chronic Care Models

- Diabetes, Asthma, CHF
- Depression, ADHD, Substance Abuse
- Co-Location of Care (Bi-Directional)
 - Licensed Behavioral Health (BH) professional within practice
- Integration of Care
 - Principles of BH prevention, early identification, Mental Illness (MI) are part of practice
- Four Quadrant Model

Resources in NC



- One million plus Medicaid lives in CCNC
- Medical Homes in CCNC
 - 14 Networks- local control
 - 1400 Practices
 - 4,000 PCP providers

Behavioral Health

- 10 FTE psychiatrists in the 14 networks
- Full-time Behavioral Health Coordinators in each Network
- Specialty behavioral health network

Initial Focus



- Navigating the MH/SA system
- Motivational Interviewing
- Generic prescribing in depression
- Other:
 - Screening tools- prevention/early intervention
 - Pain management
 - Palliative care

Generic Prescribing



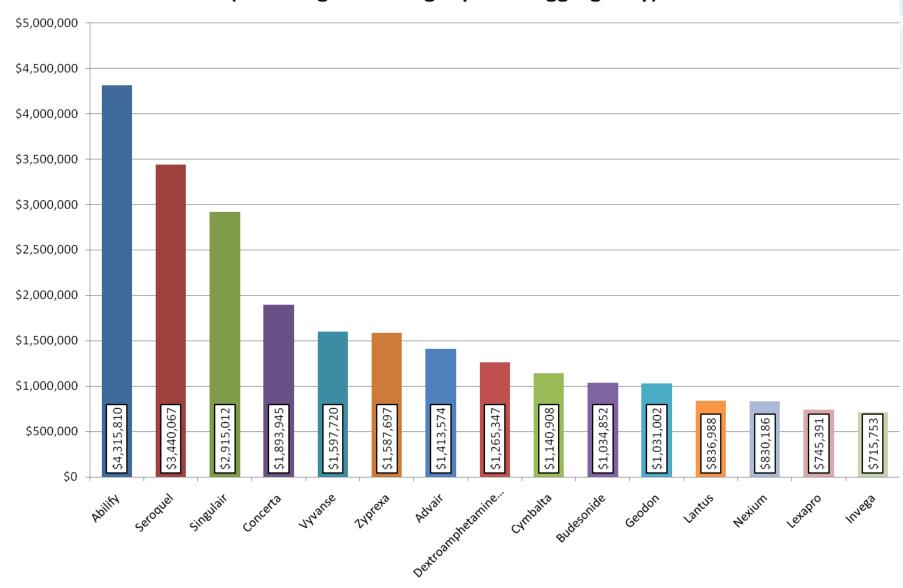
- Develop tools for Primary Care Provider (PCP) decision making
- Academic Detailing using network psychiatrists
- Possible use of generic samples
- Limited ability for pharmacy Prior Approval (PA) in NC with Behavioral Health Medications
- In NC, each 1% increase in generic utilization saves \$8-10 million

Generic Prescribing in Depression



- 77% generic utilization in SSRI class (\$9.35 average cost of fill)
- 65% generic utilization all antidepressants classes
- SSRI utilization 23% Brand; 78% of cost (\$108 average cost of fill)
- Lexapro and Cymbalta in top 15 of costliest meds in Medicaid (10/15)
- In last month, \$1.9 million spent

NC DMA Top 15 by Drug Name- May 2010 (all strengths of drug reported aggregately)



Quality Monitoring



Data Mining

- Informatics Center
- Pharmacy Home

Compliance with Quality measures

- Depression improvement in serial PHQ-9
- ADHD- 30-day follow-up visit; continuity of medication adherence
- SA- use of SBIRT

Informatics Center



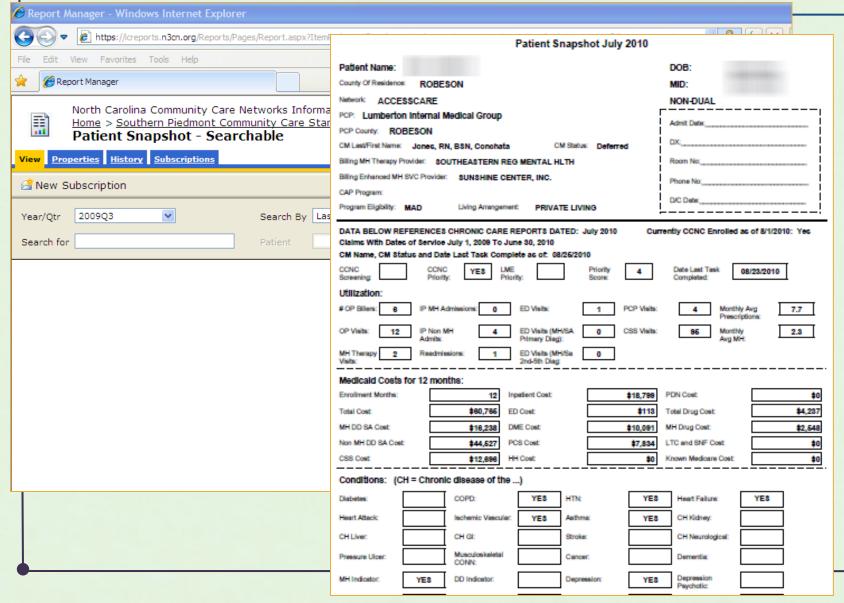
System Data

Individual Point of Care Data

Pharmacy Data

Quality Outcome Data

Hospital census indicates a Medicaid patient has been admitted... is this someone a care manager should





Patient has PCS and mental health service providers, saw psychiatrist in May...

but last saw PCP in January and cardiologist in November Loquet



Provider Portal

Community Care of North Carolina

Patient Search:											
•	Medicaid ID				C	Clear All					
0	Last Name	Exact	Birth Date	mm/dd/yyyy							
0	Last Name	Partial	First Name	Partial	Birth Year	уууу					

Care Coordination Print this Page Resources: CCNC Network: AccessCare Care Manager: Conchata Jones, RN, BSN Care Management Status: Deferred Phone: (877) 570-0001 Fax: (919) 468-8573 Network Pharmacist: Trista Pfeiffenberger, PharmD Phone: (919) 228-2304 Fax: (919) 468-8591 Phone: (800) 670-6871

Mental Health Local Management Entity (LME): Southeastern Regional LME

Health Check Coordinator: Phone: Address

Months Most Recent Service Providers:

Patient

Carolina Carolina Informat been pro patient of

Resour

<u> Type</u>	<u>Name</u>	<u>Phone</u>	Date Last Billed
Pharmacy	HEALTHKEEPERZ PHARMACY	(910) 522-0002	7/30/2010
Personal Care Services	WE CARE FOR YOUHOME CARE INC	(910) 735-0500	7/30/2010
Enhanced Mental Health Services	SUNSHINE CENTER, INC.	(910) 734-8549	3/9/2010
Mental Health Services	SOUTHEASTERN REG MENTAL HLTH	(910) 738-5261	2/2/2010

Most Recent Office Visit Providers:

Resour	Billing Provider	Billing Provider Phone	Attending Provider	Attending Provider Specialty	Date Last Billed
CCNC N	Billing Provider	Billing Provider Priorie	Attending Provider	Attending Provider Specialty	Date Last Billed
Care Ma	LUMBERTON SURGICAL ASSOCS PA	(910) 738-8556	WILLIAMSON,BARRY,E	GENERAL/THORACIC SURGERY, PROCTOLOGY	6/29/2010
Networl	SUNSHINE CENTER, INC	(910) 738-7077	PURDY JR,RANDALL,L	PSYCHIATRY	5/14/2010
Mental I	LUMBERTON INTERNAL MED GRP	(910) 272-8800	MONTILUS,MAC,A	INTERNAL MEDICINE	1/11/2010
Health (SOUTHEASTERN CARDIOLOGY PA	(910) 671-6177	BEKIC,GEORGE,P	CARDIOLOGY	11/13/2009
	MOUSER,TIMOTHY,S	(910) 738-4856	MOUSER,TIMOTHY,S	OPHTHALMOLOGY	11/12/2009
	CAPE FEAR PODIATRY ASSOCIATES PA	(910) 484-4191	THOMPSON,MATTHEW,J	PODIATRY	10/28/2009

The Results We're Looking For!: Tracking Processes and Outcomes at Patient, Practice, Network, and Program Level



Community Care of North Carolina

6701007 - Access II Care of Western NC Quality Measurement and Feedback Initiative Claims-Derived Measures, Year Ending Mar 2010 vs. Mar 2009 Disease Management and Cancer Screening

Asthma	YEAR Ending	ASTHMA PATIENT COUNT	MEMBER MONTHS	IP ASTHMA VISITS	ED ASTHMA VISITS	BETA AGONIST OVERUSE DENOM	IP ASTHMA PER 1000 MM	ED ASTHMA PER 1000 MM	BETA AGONIST OVERUSE PERCENT
ACCESS II CARE OF WESTERN NC	Mar 2009	864	9,994	9	41	855	0.9	4.1	0.9%
ACCESS II CARE OF WESTERN NC	Mar 2010	1,058	12,282	4	46	1,047	0.3	3.7	0.8%
ALL NETWORKS	Mar 2009	18,345	213,197	304	2,217	17,983	1.4	10.4	1.2%
ALL NETWORKS	Mar 2010	21,962	255,419	322	2,517	21,563	1.3	9.9	1.2%

Diabetes	YEAR Ending	A1C TESTING DENOM	EYE EXAM DENOM	CHOLESTEROL SCREENING DENOM	NEPHROPATHY SCREENING DENOM	A1C %	EYE EXAM %	CHOLESTEROL SCREENING %	NEPHROPATHY SCREENING %
ACCESS II CARE OF WESTERN NC	Mar 2009	478	470	444	470	87%	54%	64%	82%
ACCESS II CARE OF WESTERN NC	Mar 2010	530	518	492	518	85%	52%	66%	80%
ALL NETWORKS	Mar 2009	11,818	11,701	11,145	11,703	86%	53%	73%	83%
ALL NETWORKS	Mar 2010	12,806	12,671	12,027	12,675	86%	54%	74%	84%

Heart Failure	YEAR Ending	HEART FAILURE PATIENT COUNT	MEMBER MONTHS	IP CHF VISITS	IP CHF 30 DAY RE- ADMITS	LVF ASSESSMENT DEMOM	IP CHF RATE PER 1000 MM	IP CHF 30 DAY RE- ADMISSION PERCENT	LVF ASSESSMENT PERCENT
ACCESS II CARE OF WESTERN NC	Mar 2009	55	625	12	2	48	19.2	16.7% *	87.3%
ACCESS II CARE OF WESTERN NC	Mar 2010	64	736	7	0	60	9.5	0.0% *	93.8%
ALL NETWORKS	Mar 2009	1,770	20,423	719	173	1,679	35.2	24.1%	94.9%
ALL NETWORKS	Mar 2010	1,782	20,754	707	115	1,713	34.1	16.3%	96.1%





The Pharmacy Home Project

Premise of the Initiative

"Create a Pharmacy Home, virtual or otherwise, where <u>drug use</u> information from multiple sources* is gathered to better inform prescribing and intervention strategies"



Focus of Center for Medicare/ Medicaid Innovation (CMI)



- Build on the current foundation of Medical and Healthcare Homes.
- Integrate patient centered medical homes with Accountable Healthcare Organization strategies.
- Invest in advance optimization of medical and healthcare homes scope of service, capacity, and capabilities.
- Continue to test various payment methods to support medical home expansion.





DISCUSSION